



NOAA DIVING PROGRAM REVIEW FOR DIVING CERTIFICATION

Name (Last, First, MI.) _____

Purpose: (Initial/Temp/Recert) _____

Date _____

☐ NOAA ☐ NOS ☐ NMFS ☐ OAR ☐ OMAO ☐ NON-NOAA AGENCY (Specify) _____

Unit Location _____

Telephone and Fax # _____

Date Verified _____

Diving Physical Examination

- _____/_____/_____
1. Diving physical examination conducted according to NOAA diving medical evaluation criteria. (NAO 209-123 Section 7)
- _____/_____/_____
2. NOAA diving physical examination checklist completed. Signed by Unit Diving Supervisor (UDS). Forwarded to NOAA Diving Center (NDC)
- _____/_____/_____
3. Physical approved by NDC or appointed Hyperbaric Physician. **(This clearance is needed prior to conducting in-water evaluations.)**

Diving Experience

- _____/_____/_____
4. NDP Diving activity resume completed
- _____/_____/_____
5. All training/certifications verified and attached
- _____/_____/_____
6. Dates of last CPR training: ____/____/____ 1st Aid: ____/____/____ Oxygen Admin: ____/____/____
- _____/_____/_____
7. Dates of last dive training: ____/____/____ Course title: _____
- _____/_____/_____
8. Dates of most recent or any NOAA dive training. Course title: _____

Diving Knowledge

- _____/_____/_____
9. NOAA Diving Examination Type: ☐ Scientific ☐ Working ☐ Other: _____
- Exam Scores: Ver. _____ Sec. I. _____ II. _____ III. _____
- Retake Score(s): Ver. _____ Sec. I. _____ II. _____ III. _____
- Initial passing score for each section is 80%. Failing any section requires a retake score of 90% on all sections. Transcribe examination scores above. Return tests & answer sheets.

Diving Proficiency - Physical must be approved prior to in-water evaluations.

- _____/_____/_____
10. Swimming Evaluation (NAO 209-123 Section 5.04 d. 2.)
- _____/_____/_____
11. SCUBA checkout dive completed only after completion of items 1-10. (Review evaluation criteria on Report of NOAA checkout dive.)
12. Additional Training recommended (y/n) indicate: _____

Certification Recommendation

☐ **NONE AT THIS TIME** ☐ TRAINEE ☐ SCIENTIFIC ☐ WORKING ☐ ADV WORKING

DEPTH LIMIT (____fsw) ☐ NITROX CERTIFICATION ☐ VARIABLE VOLUME DRY SUIT

OTHER _____

Remarks: _____

I have reviewed the attached certification request, including the physical examination report and consider it to be complete for final review. There are no obvious omissions nor obvious inconsistencies with NOAA authorization requirements nor NOAA Diving Medical Evaluation Criteria.

Signature & Date: _____
UDS LODO

Revised 07/20/00